

Case Number:	CM14-0046231		
Date Assigned:	07/02/2014	Date of Injury:	11/19/2010
Decision Date:	04/03/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained a work related injury on 11/19/2010. On 01/03/2014, the injured worker was seen for cardiovascular evaluation. The injured worker reported chest pain and central chest tightness with some exertional dyspnea. He had a history of recent pulmonary embolism. Past medical history included hypertension, hyperlipidemia, depression/anxiety, pulmonary embolism, history of blood clot 12/24/2013 and back surgery 1997. Medication regimen included Carisoprodol, Atorvastatin, Morphine, Zolpidem, Amlodipine, Clonazepam, Hydrochlorothiazide, Warfarin, Benazepril, Metoprolol and Lovenox. On 03/18/2014, the injured worker was seen in consultation regarding the possibility of a seizure disorder. He reported a tremulous episode occurring on three occasions. He continued to have low back pain despite a fusion many years ago. He indicated that he had fractured his neck on several occasions. Impression was noted as probable panic attacks versus medication reactions versus seizure disorder (doubt). Plan of care included a sleep deprived electroencephalogram. The use of Clonazepam was noted throughout the documentation provided dating back to 2013. On 03/21/2014, Utilization Review modified Clonazepam 1mg one tablet per day #15 no refills. According to the Utilization Review physician, the medication regimen included Clonazepam since 03/05/2013. The records submitted failed to provide documentation of the effectiveness of the Clonazepam, the occurrence or nonoccurrence of side effects and the trial and failure of treatment for anxiety disorders that are recommended by the CA MTUS. Due to benzodiazepines not being recommended for long-term use, greater than 4 weeks, the request

was non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines, page 24 was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Clonazepam 1 mg per day #15 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the claimant has been treated with clonazepam for longer than the recommended 4 weeks. There is documentation of concern about polypharmacy. Despite a partial certification in the original UR and a specific request for additional information about the prior treatment and management of the panic and anxiety, there was no additional documentation to support use of the benzodiazepine. Ongoing use of clonazepam is not medically indicated.